VIRGINIA DEPARTMENT OF REHABILITATIVE SERVICES

Community Rehabilitation Case Management Services Program:

Long Term Case Management, Nursing Home Outreach,
and Medicaid Waiver Support Coordination

"Matching Consumer Needs with Community Services"

APPLICATION FORM *(5/07)*

PROGRAM DESCRIPTION

The DRS Community Rehabilitation Case Management Services (CRCMS) Program assists people with severe physical and sensory disabilities to build a quality of life of their choosing through self-direction, support, and community resources. The CRCMS Program seeks to eliminate, reduce, or prevent economic and personal dependency. CRCMS Rehabilitation Specialists match an individual's rehabilitative needs with appropriate services and supports in the community.

CRCMS Rehabilitation Specialists provide specialized long-term rehabilitation case management services to eligible individuals who meet the criteria listed below. CRCMS also services residents of skilled nursing facilities through a Nursing Home Outreach Services Program (*see separate information on this program*) through an agreement with the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), and provides Support Coordination Services (*see separate information on this program*) through the Virginia Developmental Disabilities Medicaid Waiver program administered by the Virginia Department of Medical Assistance Services (DMAS).

Individuals with physical and sensory disabilities are often challenged by a complicated service delivery system as they seek assistance in meeting their needs. CRCMS Rehabilitation Specialists work collaboratively to plan services and build community supports to enhance an individual's quality of life, independence, and employment.

The Community Rehabilitation Case Management Services Program (formerly called the Long Term Rehabilitation Case Management Program) provides services to people with central nervous system and other severe functional disabilities. Case management services are designed for, but not limited to persons with traumatic brain injury, spinal cord injury, cerebral palsy, muscular dystrophy, multiple sclerosis, arthritis, lupus and, most recently, Prader-Willi syndrome. CRCMS Rehabilitation Specialists assist persons with disabilities and their families to obtain needed services, as well as increase their skills in accessing services, such as:

- Assistive Technology
- Education
- Financial and Legal Support
- Housing
- Independent Living Services
- Individual/Family Counseling
- Job Training/Placement

- Medical Treatment/Services
- Social/Recreation/Leisure Opportunities
- Respite/Day Services
- Support Groups
- Transportation
- Other services as needed

Interagency planning meetings and "support team" meetings are facilitated by a Rehabilitation Specialist to assist an individual and his/her family in identifying and developing a service plan to meet their needs. Unfortunately, the CRCMS Program does not have funds to purchase goods or services; however, the Rehabilitation Specialist will work to identify existing sources of support.

Individuals are eligible to apply for services through the DRS Community Rehabilitation Program (CRCMS) if they have a physical or sensory disability; require a special combination of life long or extended duration services; and their disability results in substantial limitations in three or more of the following life areas:

- Communication
- Economic Sufficiency
- Independent Living
- Learning
- Mobility
- Self-Care
- Self-Direction

Application may be made directly to CRCMS for services, or an individual may be referred by a family member, agency, or organization. The application process includes sending a completed Authorization for Release of Information form.

Each Rehabilitation Specialist works with a limited number of persons to ensure thorough services; therefore, applicants who are eligible for services may be placed on a waiting list.

For more information about the Community Rehabilitation Case Management Services (CRCMS) Program, contact

Carolyn C. Turner, Program Manager
Community Rehabilitation Case Management Services
Virginia Department of Rehabilitative Services
8004 Franklin Farms Drive
Richmond, Virginia 23288-0300
Telephone: 804/662-7107; Toll Free 800/552-5019; TDD 804/662-9040.

VIRGINIA DEPARTMENT OF REHABILITATIVE SERVICES

Community Rehabilitation Case Management Services (CRCMS) Program

APPLICATION FORM

for Case Management Services

Note: Please provide complete information to avoid delay in screening for services.

Applicant's Name: _____ Phone: _____

Applicant's Address: _____ Cell Phone: _____

Fax:

E-mail: _____

SS# _____ Date of birth _____ Gender ☐ M ☐ F

Please indicate disabilities that apply:

- ☐ Traumatic Brain Injury ☐ Lupus
- ☐ Spinal Cord Injury ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy ☐ Arthritis
- ☐ Cerebral Palsy ☐ Other: _____

Cause and/or date of onset of disabling condition: _____

Person Completing Application: _____ Phone:

Address: _____ Cell Phone:

Fax:

E-mail:

Relationship to applicant: _____

*Has applicant and/or family given approval for application for case management services? If yes, please show signature of applicant or legal guardian:

Signature: _____ Date: _____

Where is the applicant currently living?

☐ Own Home ☐ Living with Parents/Siblings/Grandparents
☐ Nursing Home ☐ Group Home
☐ State Psychiatric Facility ☐ Homeless
☐ Living with Friends ☐ Rehabilitation Facility
☐ Other: _____

Please describe applicant's ***short*** and ***long***-term needs (be specific regarding type of services needed and how case management can assist):

_____
_____
_____
_____
_____
_____
_____

Please rate the functional abilities of the applicant from 1 to 5 as indicated below:

1 Totally Independent **2** Needs Some Assistance or Supervision **3** Needs Moderate Assistance or Supervision **4** Needs Significant Assistance or Supervision **5** Totally Dependent

Self Care _____ Learning _____ Mobility _____

Language _____ Independent Living Skills _____ Economic Self Sufficiency _____

Self Direction _____

Please check any equipment used by the applicant:

Wheelchair _____ Cane/Walker _____ Communication Device _____

Hearing Aid _____ Computer for Communication _____ Specialized equipment for bathing/showering _____

Other _____

Please specify: _____

Has applicant had any of the following?

- History of substance and or alcohol abuse Yes ☐ No ☐
- History of mental illness Yes ☐ No ☐
- History of aggressive behavior/outburst Yes ☐ No ☐

Does applicant receive:
☐ Companion Services _____ # hours
☐ Medicaid Personal Care Services _____ # hours
☐ Waiver Services (Ventilator, MR, DD, AIDS, other)
☐ State Personal Assistance Services _____ # hours

Names and phone numbers of family members or significant others:

_____

_____

_____

Please list <u>all</u> support services applicant is currently receiving and contact persons:

Services	Contact Person/Phone Number

<u>ADDITIONAL INFORMATION ON SERVICE NEEDS</u> (Please specify how services will improve employability, independent living or quality of life):

ASSISTIVE TECHNOLOGY / OTHER EQUIPMENT _____
BEHAVIORAL SUPPORT _____
BLIND / VISION IMPAIRED SERVICES _____
DEAF & HARD OF HEARING SERVICES _____
EDUCATION / TRAINING _____
EMPLOYMENT / TRAINING _____
ENTITLEMENT PROGRAMS _____

FINANCIAL PLANNING _____

HEALTH INSURANCE _____

HOME MODIFICATIONS _____

INDIVIDUAL / FAMILY
SUPPORT / RESPITE CARE _____

INDEPENDENT LIVING
SKILLS TRAINING _____

MEDICAL REHABILITATION _____

MENTAL HEALTH SUPPORT
FOR INDIVIDUAL / FAMILY _____

PERSONAL ASSISTANCE
SERVICES _____

RESIDENTIAL SUPPORT /
HOUSING _____

SOCIAL /RECREATION /
LEISURE _____

SUBSTANCE ABUSE
TREATMENT _____

TRANSPORTATION _____

OTHER _____

_____

_____

_____

VIRGINIA DEPARTMENT OF REHABILITATIVE SERVICES
Community Rehabilitation Case Management Services (CRCMS) Program

Authorization for Release of Information

Applicant's Name: _____

I am applying to the Virginia Department of Rehabilitative Services (DRS) for the Community Rehabilitation Case Management Services (CRCMS) Program to develop an individual service plan and to assist me in accessing rehabilitative and other supportive resources I may need.

I give permission for the agencies, organizations, facilities, and individuals listed below to release medical, psychological, social, financial, and vocational information about me to DRS in order to determine my eligibility for the CRCMS Program, or to receive such information from DRS for the purposes of procuring or coordinating rehabilitative services for me. I understand that my permission to release this information is voluntary; however, the absence of such information may affect the determination of my eligibility for services from the CRCMS Program. All information will remain confidential according to the guidelines described above. I may revoke this permission for release of information, in writing to DRS, at any time.

The agencies and organizations included in this release of information are listed below (check appropriate boxes):

Virginia Department of Social Services....	☐Y ☐ N
Virginia Department for the Visually Handicapped	☐Y ☐ N
Virginia Department of Mental Health, Mental Retardation, & Substance Abuse	☐Y ☐ N
Veterans Administration	☐Y ☐ N
Virginia Department of Health	☐Y ☐ N
Virginia Department of Medical Assistance Services (Medicaid)	☐Y ☐ N
CRCMS Program Selection or Advisory Committee Members	☐Y ☐N

Release of information includes other organizations as listed below:

_____

_____

Signature of applicant or legal guardian:

_____ **Date:** _____